



Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Hazardous Waste

BWP HW 24 Level II Recycling Permit Renewal and Modification

Transmittal Number #

BWP HW 26 Level III Recycling Permit Renewal and Modification

Facility ID (if known)

A. General Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Company Name
2. EPA Identification Number
3. Contact Person:
Name Telephone Number
4. Mailing Address:
Street Address
City State Zip Code
5. Address where recycling occurs (if different from above):
Street Address
City State Zip Code

B. Description of Recycling Activity

1. Brief description of recycling activity:
2. Name and quantity of material recycled:
Material name
Waste Code
Quantity Recycled / Year (P= pounds, K= kilograms, G= gallons, L= liters)

C. Additional Information

1. Current permit:
Name Expiration Date

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C. Additional Information (cont.)

This permit application is a (check a or b):

a. ☐ Renewal with no charge ☐ Renewal with charge b. ☐ Modification

Provide a brief description of proposed permit change(s):

Provide a brief description of proposed permit modification(s):

Is the permit copy with proposed change(s) attached?

Is the permit copy with proposed modification(s) attached?

☐ Yes☐ No☐ Yes☐ No

C. Additional Information

1. List of other DEP permits associated with this application.

Permit Type

Application Date

Transmittal Number

3. List of other material submitted with this application.

D. Certification

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and, that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment. In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and the Department has made a determination of confidentiality in accordance with 310 CMR 3.00 –Regulations Governing Access for and Confidentiality of Department Records and Files."

Authorized signature of owner/operator

Print Name _____

Authorized Signature _____

Position/Title _____

Date _____